STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Daw	n E. McKinney		
II. Name of lobbyist's partnership, f	irm or corporation, if any:		
New Hampshire Lega	Assistance		
(Name of partnership,			
117 North State Stree	t Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-224-4107</u> (Telephone)	() 603-223-9794 (Fax)	e-mail dmck	cinney@nhla.org
III. This statement covers: (Choose reportable expense transactions whi			ay file a separate report for
☐ All reportable transactions occurri	ng in the months prior to the re	porting date relative to the	he following client:
(Full Name of C	lient as it appears on the Lobbyist	Registration Form)	
OR			
X All reportable transactions by the le unrelated to any particular client.	obbyist (including the lobbyist'	s family), or the lobbyin	g firm listed below which are
IV. Date of Report April 26, 201 Reports cover: activity from date of re		July 26, 2017 X ivity from 4/1/17 to 6/30/13	7
October 25, 2 activity from 7/1/		January 31, 2018 tivity from 10/1/17 to 12/3	1/17
V. There have been no fees receif this box is checked, complete just the Concord, NH 03301.	ved and no reportable tran is form and submit it to the Sec	sactions made since tretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports are	attached:		
If you have received fees or made			
☐ If you have paid an honorarium of Expense Reimbursement	r reimbursed expenses, you mu	st file Addendum B – Ro	eport of Honorariums or
If you, your firm, or your family h	nas made political contributions	s, you must file Addend	um C– Political Contributions
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle (Signature of lobbyist) Dawn E. McKinney (Print Name of lobbyist)	14-C and RSA 664 and hereby	swear or affirm that the $\frac{7-25}{(Da}$	foregoing information is true - 17 ate)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Dawn McKinney		
II. Name of lobbyist's parti	nership, firm or corporation, if a	ny:	
	w Hampshire Legal Assistance		
(Name of partne	ership, firm or corporation)		-
III. Name of Client	N/A	Date	
to lobbying, including fees for	Il fees received from the client identife services such as public advocacy, going legislation, and related legal work.	overnment relations, o	r public relations serv
a) Total of all fees received in	this reporting period	a) \$	0
	nis calendar year, prior to this reporting all of all prior monthly reports for this c		0
c) Total of all fees received to (Add lines a and b)	o date	c) \$	0
 Indicate the amount of any yet been paid 	such fees that are due, but have not	d) \$	0
fees. Separate reports are to the lobbyist(s)/firm that are under the lobbyist(s)/firm that are under the lobbyist (s)/firm that are under the lobbyist (s)/firm that are under the lobby the reporting period for individual expenses where the lunch where the cost was \$25. being lobbied, purchase of a current country of the lobby the lob	chips, firms, or corporations are required to filed for expenditures made relative interested to any one client a separate of one of three categories of expense or salaries, benefits, support staff, and expenditure was of \$25.00 or less (for a pen with a verteamonial object given to a person beach individual expenditure made during (for example: purchase of a meal to the subject of lobbying with a valistative reception). Expenses for hor on separate addendums and should not	e to each client and if the report may be filed es: (a) the aggregate d office expenses; (b) for example: meals purally of less than \$10 eing lobbied with a valing this reporting period with value of greater alue greater than \$25, norariums, expense re	expenditures are mad I for the lobbyist(s)/I total of all expenses the aggregate total or rchased during a busi that is given to the pelue of \$25.00 or less); of greater than \$25.00 r than \$25, purchase but not greater than simbursement, or poli
support staff, and office expen	or this reporting period for salaries, be ses, related directly or indirectly to lob	bbying. a) \$	10,893.91
b) Total aggregate of expendi in a), of \$25 or less.	tures during this reporting period, not	reported b) \$	0
	ditures reported in detail in section VI		^

d) Total expenses for this reporting period	d)\$ 10,893.91
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 7,346.90 f)\$ 18,240.81
f) Total of all expenses year to date	ns 18,240.81
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
max	7-25-17 (Date)
(Signature of lobbyist)	(Date)
Dawn McKinney	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	pshire Legal Assistance	
(Name of pa	artnership, firm or corporation)	
III. Name of Client	N/A	Date
Political Contributions For each political contrib client/lobbyist and lobbyi		ursuant to RSA Chapter 664 paid on behalf of the lowing:
Full name of candidate:	Sununu	Christopher T (First Name) (Middle Name/Initial)
-	(Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$	1000-	Office Candidate is Seeking 60000
		···
Full name of candidate:	(Last Name)	(First Name) (Middle Name/Initial)
Full name of candidate:	(Last Name)	
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	(Last Name) cind contribution, provide a sortibution on the line above	(First Name) (Middle Name/Initial) Office Candidate is Seeking description of the goods or services provided, and enter the
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	(Last Name) cind contribution, provide a sortibution on the line above	(First Name) (Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _ If the contribution is an in-kactual cost of the in-kind co	(Last Name) cind contribution, provide a sortibution on the line above	(First Name) (Middle Name/Initial) Office Candidate is Seeking description of the goods or services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		
(If more than three contributions were made, report additional contributions on separate addendum C forms.)		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.		
(Signature of lobbyist) 7-25-17 (Date)		
Dawn McKinney (Print Name of lobbyist)		